

NOTIFICATION OF ALTERNATIVE FORMS OF FINANCIAL RESPONSIBILITY

You must maintain financial responsibility on any vehicle you own that is operated or parked on California highways. Proof of financial responsibility must be provided to the Department of Motor Vehicles (DMV) within 30 days of receipt of a registration card for a newly-aquired vehicle. If not received within 30 days, a warning notice will be sent to you requesting acceptable proof of financial responsibility be submitted to the DMV. The warning notice will reflect a possible suspension date; if proof of financial responsibility is not received prior to the suspension date your vehicle registration will be suspended.

If your vehicle is covered by an alternative form of financial responsibility as listed below, it is recommended that *a copy be attached and presented along with this form* at the time your initial registration application is submitted, to notify DMV of compliance with financial responsibility requirements.

Му	vehicle is covered by the f	ollowing type	of Alternative Financial Responsi	bility covera	ge:	
			A commercial/business liability insurance policy (fleet insurance identification card or a copy of the Declarations Page of your policy).			
	Cash Deposit	A copy of the DMV acknowledgement letter showing the deposit number.				
	Self-Insurance	A copy of the DMV acknowledgement letter with the assigned sel the expiration date.			self-insured number and	
	Surety Bond	A surety bond for \$35,000 from a company licensed to do business in California.				
A. V	EHICLE INFORMATION					
VEHIC	CLE IDENTIFICATION NUMBER			V	EHICLE MAKE	
LICEN	ISE PLATE NUMBER (IF AVAILABLE)		CA NUMBER (IF AVAILABLE)	Y	EAR MODEL	
B. COMMERCIAL INSURANCE INFORMATION						
NAME OF INSURED						
NAME	OF INSURANCE COMPANY			1	NAIC NUMBER	
COMM	MERCIAL POLICY NUMBER			P	OLICY EXPIRATION DATE	
C. C	ASH DEPOSIT					
DEPO	SIT NUMBER					
D. SELF-INSURANCE						
SELF	INSURANCE NUMBER			E	XPIRATION DATE	
E. SURETY BOND						
NAME	OF INSURED					
NAME	OF INSURANCE COMPANY		SURETY BOND NUMBER	E	XPIRATION DATE	
F. S	IGNATURE					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
SIGNA	ATURE			D	ATE	
	ED NAME OF PERSON SIGNING			[D	AYTIME TELEPHONE NUMBER	

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